

**EXPORT-IMPORT BANK OF THE UNITED STATES**  
**APPLICATION for a FINANCIAL INSTITUTION BUYER CREDIT POLICY**

(Please Print or Type)

APP. NO. \_\_\_\_\_ (Ex-Im Bank Use Only)

**INSURANCE BROKER:** If none, insert "none."

Broker #: \_\_\_\_\_

Name of Brokerage: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**1. APPLICANT:**

(Ex-Im use only: Insured #: \_\_\_\_\_)

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact person: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please attach the following information unless you submitted this information within the past 6 months for Policy No. \_\_\_\_\_.

a. Taxpayer ID #: \_\_\_\_\_ Duns #: \_\_\_\_\_ Congressional District: \_\_\_\_\_ **AND**

b. Market Rating: \_\_\_\_\_ Rating Agency: \_\_\_\_\_ Date: \_\_\_\_\_, **OR**

- c. (1) ☐ Your most recent published annual report, or audited financial statements.  
(2) ☐ Your most recent available 10K and 10Q reports.  
(3) ☐ A credit agency report dated within 6 months. If unavailable, attach check for \$35.00 to cover Ex-Im Bank's cost in ordering report.  
(4) How long have you been lending internationally? \_\_\_\_\_  
(5) To what countries do you actively lend? \_\_\_\_\_  
(6) How is your foreign loan portfolio broken down between government \_\_\_\_\_% and private \_\_\_\_\_% sector buyers?  
(7) How often do you visit your overseas buyers? \_\_\_\_\_  
(8) ☐ Attach the names, titles, and the international lending backgrounds of the individuals responsible for administering Ex-Im policies.

**2. TRANSACTION:**

- a. This insurance application is for, check one, a credit extended by you based on:  
your relationship with the Buyer or Guarantor, a ☐ Buyer Credit, **or**, your relationship with the exporter, a ☐ Supplier Credit.  
b. This application is for ☐ Comprehensive (Commercial and Political Cover) or ☐ Political Only Cover.  
c. This application is for a ☐ Single Financing or a ☐ Revolving Line.  
d. Credit limit requested \$ \_\_\_\_\_  
e. Payment terms requested \_\_\_\_\_  
f. Ex-Im Bank requires a written debt obligation, i.e., promissory note or draft. If none, check here ☐ and provide a full description of documentation which constitutes the buyer's debt obligation. \_\_\_\_\_  
g. Indicate whether ☐ negotiating or ☐ financing mandate received.  
h. For buyer credits, provide a brief description of the products (for supplier credits see 5.c.) \_\_\_\_\_

**3. BUYER:** The "buyer" is the entity which agrees to repay the credit (loan). Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) for Buyers to determine the likelihood of approval:

- a. This buyer is ☐ Sovereign, ☐ Non-Sovereign Public Sector, or ☐ Private Sector. (Ex-Im use only: File #: \_\_\_\_\_)
- |                       |                |
|-----------------------|----------------|
| Buyer Name: _____     | Duns #: _____  |
| Contact person: _____ | Phone #: _____ |
| Position Title: _____ | Fax #: _____   |
| Street Address: _____ | E-Mail: _____  |
| State/Province: _____ | City: _____    |
| Postal Code: _____    | Country: _____ |

The following information on the buyer is necessary unless the credit is based on a guarantor, if so check here ☐ and complete for the guarantor

- b. For **all applications** provide in an attachment:
- (1) ☐ A summary of credit facilities (insured and uninsured) extended by the ☐ applicant or the ☐ exporter (for Supplier Credits) to this buyer/guarantor specifying the high credit, whether secured or unsecured, and tenor(s) with details on past dues (if applicable), or ☐ None.
- (2) For ☐ non-sovereign public or ☐ private buyers/guarantors on which comprehensive cover is requested, provide the following:
- (a) Market Rating: \_\_\_\_\_ Rating Agency: \_\_\_\_\_ Date: \_\_\_\_\_, **OR**
- (b) ☐ A bank reference not older than 6 months from date of application **and**
- (i) ☐ 2 Ex-Im Bank Trade Reference forms (EIB99-14) dated within 6 months of the application **and**
- (ii) ☐ For a credit limit up to \$1 million, the last 2 fiscal year end audited or signed unaudited financial statements with notes.  
☐ For a credit limit over \$1 million, provide 3 fiscal year end audited statements with notes and the most recent interim statements with notes if the last fiscal year end is more than 9 months prior to application.
- (3) ☐ The applicant's credit memorandum on the buyer/guarantor.

(4) Have you visited the buyer/guarantor? ☐ No ☐ Yes, if yes give date: \_\_\_\_\_ and attach a copy of your call report.

**4. GUARANTOR:** The “guarantor” is the entity which agrees to repay the credit if the borrower does not. Complete the information below and provide the information in 3.b. if the credit is based on the guarantor. (Ex-Im use only; File #: \_\_\_\_\_)

This guarantor is ☐ Sovereign, ☐ Non-Sovereign Public Sector, or ☐ Private Sector.

Guarantor Name: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Duns #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_  
Country: \_\_\_\_\_

**5. For SUPPLIER CREDITS only:**

**NOTE:** You are **not** required to fill out this section for **Buyer Credits** but, if any information is known, please complete in a, b and c.

**a. EXPORTER:**

The “exporter” is the entity which contracts with the buyer for the sale of the U.S. items and services. (Ex-Im use only; File #: \_\_\_\_\_)

Exporter Name: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
State: \_\_\_\_\_  
Taxpayer ID #: \_\_\_\_\_ Duns #: \_\_\_\_\_  
Fiscal year ended (mo. & yr.): \_\_\_\_\_ Gross sales revenue in last fiscal year: \$ \_\_\_\_\_  
Standard Industrial Code of business: \_\_\_\_\_ Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Congressional District: \_\_\_\_\_

If “Documentary” cover is desired, check here ☐ and attach the following unless the exporter submitted it within the past 6 months for Policy No. \_\_\_\_\_. Refer to Ex-Im Bank’s Short Term Credit Standards (EIB99-09) Exporter Standards for an Enhanced Assignment to determine the likelihood of approval of documentary cover if the exporter, using the US Small Business Administration guidelines, is a small business.

- (1) ☐ A bank reference on the exporter dated within 6 months of the application **and**
- (2) ☐ 2 trade references on the exporter dated within 6 months of the application **and**
- (3) The last 2 fiscal year financial statements of the exporter as follows:

Claim Payment Limit (Credit Limit x % of cover)

- ☐ \$500,000 or less  
☐ \$500,001 - \$999,999  
☐ \$1,000,000 or more

Minimum Requirement

signed by an authorized officer of the exporter  
reviewed by a CPA with notes attached  
audited by a CPA with opinion and notes attached

**NOTE:** The net worth, including subordinated shareholder debt, of the exporter must be at least 20% of the Claim Payment Limit.

**b. SUPPLIER:** The “supplier” is the U.S. entity which produces the items and/or performs the services to be exported.

Check if the supplier is also the ☐ exporter or complete the following:

(Ex-Im use only; File #: \_\_\_\_\_)  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Congressional District: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
State: \_\_\_\_\_  
Taxpayer ID #: \_\_\_\_\_ Duns #: \_\_\_\_\_  
Fiscal year ended (mo. & yr.): \_\_\_\_\_ Gross sales revenue in last fiscal year: \$ \_\_\_\_\_  
Standard Industrial Code of business: \_\_\_\_\_ Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe: \_\_\_\_\_

**c. PRODUCTS:** All applicants should note that there are specific United States content requirements for all transactions and that exporters are required to complete an Exporter’s Certificate form EIB-94-07 for “Documentary” cover.

- (1) Products: ☐ New ☐ Used (If used, complete and attach Used Equipment Questionnaire, EIB-92-63)

- (2) Description of products: \_\_\_\_\_
- (3) Are products listed on the United States Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? ☐ Yes ☐ No
- (4) Is each product produced or manufactured in the United States? ☐ Yes ☐ No
- (5) Is at least one half of the value, exclusive of price mark-up, exclusively of US origin? ☐ Yes ☐ No
- (6) Will any value be added to the products after export from the United States? ☐ Yes ☐ No

If yes please attach an explanation; the transaction may not be eligible for coverage.

See the US Dept of Commerce Website <[http://www.ita.doc.gov/import\\_admin/records/status](http://www.ita.doc.gov/import_admin/records/status)> for a list of products and countries with Anti-Dumping or Countervailing Duty sanctions, or call Ex-Im Bank’s Country Risk Analysis Division at 202 565-3730.

**6. PARTICIPANTS:** Describe any direct or indirect ownership or family relationship between any of the participants in this transaction.

If none, insert “none”. \_\_\_\_\_

**7. For applications submitted prior to January 1, 2000 submit an Ex-Im Bank Y2K survey on:**

- ☐ the applicant **and** for supplier credits: ☐ the exporter, or  
for buyer credits: ☐ the buyer and ☐ the guarantor (if any).

If the survey has already been submitted provide the name of the participant(s) and the policy number(s).

**8. APPLICANT CERTIFICATIONS:**

- a. The Applicant certifies that it is a bank doing business in the United States, or a jurisdiction thereunder, in accordance with applicable Federal or State banking laws and regulations.
- b. The Applicant undertakes to carry on its business with due care in financing exports hereunder, and in regard to the conditions of the contract and the trustworthiness of the buyer.
- c. The applicant certifies that **it is not** currently, nor has it been within the preceding three years:
- (1) debarred, suspended or declared ineligible from participating in any Federal transaction; or
  - (2) formally proposed for debarment, with a final determination still pending; or
  - (3) voluntarily excluded from participation in a Federal transaction; or
  - (4) indicted, convicted or had a civil judgement rendered against it for any of the offenses listed in the Regulations governing Debarment and Suspension (Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule).
- d. The applicant certifies that, to the best of its knowledge and belief, **if** any funds have been paid or will be paid to any person for **influencing or attempting to influence** an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant **shall complete and submit** Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by Article 31, United States Code, Section 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. If Form-LLL is necessary, it may be obtained from Ex-Im. This certification does **not** apply to commissions paid by Ex-Im to insurance brokers.
- e. The applicant certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of this application.
- f. The applicant certifies that the representations made and the facts stated by it in the application for the policy **are true, to the best of its knowledge and belief, and that it has not omitted any material facts.** The applicant agrees that the representations and facts shall form the basis of and **be incorporated in the policy** if issued and that the truth of such representations and facts contained herein shall be a condition precedent to any liability of Ex-Im thereunder. The applicant understands that this certification is subject to the **penalties for fraud** provided in Article 18, U.S. Code, Section 1001.
- g. The Paperwork Reduction Act. Article 5, Code of Federal Regulations Section 1320.8(b)(3) requires Ex-Im to advise applicants:
- (1) the information collected in this application is **necessary to determine the eligibility** of the request.
  - (2) the information collected will be analyzed to **determine the ability** of the participants to perform the transaction and pay for it.
  - (3) **public burden** reporting for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.
  - (4) Ex-Im requires responses to the questions in this application under the **authority** of the Export-Import Bank Act of 1945.
  - (5) the information collected will be held **confidential** subject to the Freedom of Information Act Article 5, United States Code, Section 552.
  - (6) Ex-Im may not require the information requested in this application and applicants are not required to respond unless a currently valid OMB control number is displayed on the form (see upper right of each page).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Note: Please respond to all items and sign application. Applications not completely filled out or not submitted with required financial and credit information will be withdrawn.

**Send, or ask your insurance broker or city/state participant to review and send, this application to:  
Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.**

**The Ex-Im Bank website is <<http://www.exim.gov>>**

Please complete: The applicant was informed about Ex-Im by: ☐ An Ex-Im Regional Office; \_\_\_\_\_  
☐ An Ex-Im City/State Partner; \_\_\_\_\_ ☐ A U.S. Export Assistance Center; \_\_\_\_\_  
☐ A Broker; \_\_\_\_\_ ☐ A Bank; \_\_\_\_\_  
☐ A Local Development Authority; \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

**END**